THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1957

36168 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4919

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3439 MAIN LINDEMAN NURSING HOME — Length of stay in 1b 30 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4141 FOREST AVE. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First B Middle WEBB Last STRAIN

4. DATE OF DEATH Month OCT. Day 21, Year 1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH DEC. 22, 1872

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) LOUISVILLE, KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WALLACE STRAIN

13b. MOTHER'S MAIDEN NAME MARY Angela Webb

14. NAME OF HUSBAND OR WIFE FLORENCE STRAIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address K. C. Mo.
MRS. FLORENCE STRAIN - 4141 FOREST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs ? yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteria sclerosis. —
DUE TO (c) advanced age. — 33 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT / SUICIDE / HOMICIDE [ ] [ ] [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 5 2 , to Oct 21 57 and last saw her/him alive on Oct 21-57
Death occurred at 2:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Paul Wright M.D.

22b. ADDRESS 1324 Prof. Kelly Kansas City 6 Mo.

22c. DATE SIGNED Oct 22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE OCT-24-1957

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 331 BROOKCREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 10-23-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. Paul Wright

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Basil Honey

Licensed Embalmer No. 4724

P. O. Address Ft. C., Okla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.